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PUBLIC HEALTH
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The Voice of Public Health

A PUBLIC HEALTH APPROACH TO CANNABIS

COMMUNITY CONSULTATIONS

across Canada

"NORMALIZING CONVERSATIONS, NOT CONSUMPTION."

CONSULTATION REPORT FOR HALIFAX, NOVA SCOTIA | DECEMBER 2017

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ACKNOWELDGEMENTS

This project ***"A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building"*** would not have been possible without the support and involvement of the many individuals and organizations who participated in community consultations, focus groups, and key informant interviews.

The Canadian Public Health Association (CPHA) would like to especially acknowledge the individuals from Halifax, Nova Scotia and the surrounding area who participated in this local community consultation and shared their stories, insight, and wisdom with us. Thank you to Nova Scotia Health Authority who coordinated the community consultation and enabled us to engage health and social service providers in the community in a meaningful way. CPHA would also like to acknowledge the land on which we gathered the traditional unceded territory of the Mi'kmaq People and Wabanaki Confederacy.

CPHA would also like to extend a thank you to the Expert Reference Group that provided their time, expertise, and guidance throughout the project. Members of the Expert Group included:

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CPHA would also like to thank Gestalt Collective www.gestaltcollective.com for facilitating community consultations.

Members of the CPHA project staff included: **GREG PENNEY**, Director of Programs // **THOMAS FERRAO**, Project Officer // **POLLY LEONARD**, Project Officer // **CHRISTINE PENTLAND**, Project Officer // **SARAH VANNICE**, Project Officer // **LISA WRIGHT**, Project Officer

A NOTE ON TERMINOLOGY

As the creation of a public health response to cannabis is a fairly new endeavour due to the historical illegality of the substance, there can be challenges associated with language use in conversations about cannabis as common terms and concepts have yet to be clearly defined within communities of practice. Therefore, during the consultations sometimes colloquial terminology was used instead of preferred terminology to ensure common understanding and promote discussion. See below for discussion of the terms used within the community consultation and the report.

CONSUMPTION

Refers to the act of taking a substance into the body by ingestion, inhalation, injection, or absorption via mucous membranes or through the skin. The colloquial term often substituted for consumption is "use." Although the word "use" is not necessarily problematic, the term "user" can be stigmatizing. Therefore, wherever possible we strive to use the term "consumption" to constantly engage in a process of de-stigmatization.

MEDICAL CONSUMPTION

Medical consumption of cannabis refers to the prescribed consumption of cannabis or the chemicals contained within it to alleviate the symptoms of certain conditions or diseases. Some people who consume cannabis do so to alleviate symptoms but may not have a prescription. These people would not be defined as medical consumers within the term "medical consumption." However, some participants may have been indicating these people as well as those with cannabis prescriptions within their discussion of "medical use."

NON-MEDICAL CONSUMPTION

Non-medical consumption of cannabis refers to consumption of cannabis or the chemicals contained within it without medical justification. Colloquially however, consumption that is not prescribed is often termed "recreational use." Some people may also consume non-medical cannabis for "self-medicating" or "therapeutic" purposes.

CANNABIS RETAIL OUTLET

A retail cannabis store that sells cannabis and related products directly to consumers. Cannabis retail storefronts can be bricks-and-mortar sales outlets, online/e-commerce sales outlets, or both.

CANNABIS DISPENSARY

A naming convention used by some cannabis retail outlets. Cannabis dispensaries were originally intended to serve medicinal cannabis patients and require medical documentation. More recently, retail outlets using the naming convention "dispensary" have opened across Canada that are intended for non-medical consumers of cannabis.

Background

CPHA has been funded by Health Canada, through the Substance Use and Addictions Program, to undertake a project entitled "A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building."

The goal of a public health approach to cannabis (and other substances) is to promote the health and wellness of all members of our population and reduce inequities within the population, while ensuring that the harms associated with interventions and laws are not disproportionate to the harms of the substances themselves. In this context, a public health approach includes the following strategies:

- **health promotion to encourage people to increase control over their health and manage their substance use with minimal harm;**
- **harm reduction to reduce the harms associated with consumption;**
- **prevention to reduce the likelihood of problematic consumption and poisoning;**
- **population health assessment to understand the extent of the situation, and the potential impact of the intervention, policies, and programs on the population (evaluation);**
- **disease, injury, and disability surveillance to understand the effect on society and to evaluate the effects of these activities; and**
- **evidence-based services to help people who are at risk of developing, or have developed problems with substances.**

Purpose of this Project

To support the implementation of a public health approach to cannabis (and other substances), CPHA engaged individuals and organizations from health, public health and social service communities across Canada in dialogue through local 'community consultations' that aimed to enhance knowledge and begin to build capacity to address issues related to cannabis. By engaging health and social service providers across the country, CPHA also aimed to facilitate increased collaboration among health and social service providers involved in reducing harm related to cannabis consumption locally and across Canada. CPHA will use data collected through the community consultations to build a suite of capacity building resources to support an evidence-informed community response to cannabis.

Community Consultation: Halifax, Nova Scotia

On December 12, 2017, 29 health and social service providers participated in a full-day facilitated consultation on the topic of cannabis. Participants represented a variety of roles in health and social services, including but not limited to health promoters, physicians, nurses, pharmacists, and management, from a variety of organizations, including but not limited to public health, non-profits, law enforcement, mental health and addictions and education.

The consultation opened with round table introductions having participants share where they are from and how they are connected to the topic of cannabis. Following the round table, facilitators presented an overview of the CPHA project and a high-level primer on cannabis, including national and local prevalence statistics, evidence related to possible health and therapeutic effects of cannabis consumption, and

an overview of what is known as it relates to harm reduction and health promotion approaches to cannabis. The consultation closed with a brief overview of CPHA's next steps including project timelines. See the Appendix for the consultation agenda.

Throughout the day participants worked through a set of activities that served to both facilitate dialogue amongst participants and to collect data for the CPHA project. The community consultation data collection objectives are to learn about and describe:

1. **perspectives and perceptions related to cannabis consumption;**
2. **current and desired community-based cannabis programs and services;**
3. **current and desired approaches to local monitoring and surveillance of cannabis consumption; and**
4. **desired information, tools and supports to build community capacity to respond to cannabis.**

Outlined in this report is the summary of the dialogue to inform Halifax's and CPHA's future work and ongoing conversations on cannabis.

"If federal and provincial governments can stick to a public health approach – and prioritize health over profit - I think it will be a very positive change for Canada (and public health)."

Perspectives and Perceptions Related to Cannabis Consumption

Participants shared their perceptions related to medical and non-medical cannabis consumption in the context of legalization, and how their perspectives may impact their professional practice.

Perspectives on cannabis consumption

Many participants perceived cannabis to be a substance with benefits and harms. The discussion regarding the benefits or harms of cannabis consumption often hinged upon the context of consumption. Dose, form of consumption, health considerations, safety and wellbeing of self and others, and reasons for consumption were all examples of the contexts of consumption that would affect the benefits and harms of cannabis. Participant perceptions of cannabis consumption were often linked to queries about the consumption of other substances, in particular tobacco and alcohol.

Many participants were able to share details about cannabis consumption in their community, for example the common practice of smoking, consuming synthetic cannabis (e.g. K2 and spice), sharing with others, and mixing cannabis and tobacco. Participants had different levels of knowledge and experience working with cannabis. For example, a few participants indicated they required more information on cannabis, and one participant, working in an addictions clinic, indicated cannabis is one of the main substances their clients report consuming.

Participants generally commented that the statistics from the Canadian Community Health Survey on cannabis consumption in Nova Scotia which were presented during the consultation were lower than they expected. In particular, they perceive that youth consumption is more pervasive than the results of the survey indicated.

> "I feel it is used a lot now both recreationally and medically – I just [don't] want it for youth consumption and people taking it to make an informed choice."

When concerns regarding cannabis consumption were raised, it was often with respect to youth consumption. Several participants expressed concern about the influence by the internet and TV, and perceived the information youth received through these means to be inaccurate. Other concerns raised included the short- and long-term health effects of cannabis consumption, driving or using equipment when consuming cannabis and the current harms related to the illicit status of cannabis, for example that the composition of available products is unknown and not standardized.

Some participants articulated their support for harm reduction within a public health approach. Harm reduction, was seen as a means to minimize harms for the entire population and to avoid situations where people who consume make harmful decisions for themselves and others.

> "For adults, in moderation/occasional use is not problematic; however, use by children, youth and young adults (25 and under) is very concerning."

Some participants commented on the medical or therapeutic aspects of cannabis, indicating that their perception of medical and non-medical

cannabis consumption are separate but related issues. Medical consumption, some participants noted, is very common.

Some participants shared comments that demonstrated positive perspectives toward medical consumption of cannabis for its therapeutic benefits. These participants supported strategic consumption for medical properties and consumption if the consumer identified positive effects. One participant noted the spectrum of cannabis consumption and how youth with anxiety and psychotic disorders use cannabis to manage their disorders. While other participants expressed concerns about the evidence base for the medical benefits of cannabis.

"I am very concerned for a number of reasons including the normalization of a product that does not have consistent dosages, is being used for health reasons that are currently contraindicated and may in fact exacerbate some (ex. mental health issues). I am concerned the federal government has legalized something without putting the proper framework in place."

Participants expressed mixed perceptions of the legalization of cannabis, with some expressing positive views and others expressing concern. Positive perceptions of the legalization of cannabis were connected to the opportunity to mobilize a public health approach and encourage conversations about cannabis. These positive perceptions often included a caveat about the need for there to be strict regulations to "protect youth."

Concerns expressed regarding the legalization of cannabis generally focused on the retail model outlined by the province, and the short timeline for legalization. Some participants focused on the need for highly qualified and educated retailers. Of those who were concerned about the legalization of cannabis, the following concerns were raised:

- **co-sale with alcohol by the Nova Scotia Liquor Corporation;**
- **limited time to respond to legalization;**
- **conflicts between personal experiences, research evidence, and health messaging;**
- **implication that legalization means cannabis is a harmless substance; and**
- **lack of information about consuming cannabis and any potential health consequences of the different consumable products.**

"One important thing to keep in mind from the general public's perspective. Just imagine someone going to the NSLC store; will the employee be able to say steak is great with this red wine and also this strain of Indica? Think about co-use."

"I can provide the health evidence and emergency evidence but this tends to have less weight than their (consumers) own anecdotal evidence."

Perceived impacts of cannabis legalization and the potential impact on services

When asked about cannabis legalization and how it might impact the services they provide, participants indicated a range of impacts, some positive and some negative. Some participants avoided including their personal perspectives of

legalization and instead expressed practical needs resulting from legalization such as the need to create and develop new policies. Other participants were uncertain of how legalization will impact their practice, while others expressed concerns regarding the implications of this legal shift, in the context of youth usage, normalization and uptake in services.

"We need to frame this as a unique opportunity to reduce the harms of cannabis use; to educate the public on what cannabis is and isn't, address the myths with the public. Age appropriate targeted education, can have an impact on mental health."

"Cannabis legalization will have an overall public health benefit if implemented in a well regulated way. I have concerns that our organization in public health is not prepared to enforce and monitor regulations."

Perceived positive impacts of legalization included:

- **reducing negative health and social impacts related to criminalization;**
- **addressing the illicit market;**
- **regulating the substance and reduce contamination;**
- **encouraging evidence-informed conversations about substance use and mental health;**
- **clarifying evidence on harms and benefits of cannabis;**
- **decreasing or eliminating medical consumption; and**
- **increasing and improving local, regional, and national research and surveillance.**

Perceived negative impacts of legalization included:

- **increased and normalized consumption;**
- **increased issues related to cannabis and problematic consumption;**
- **increased consumption of tobacco and co-use of cannabis and tobacco;**
- **increased population-level harms from polydrug use; and**
- **lowering of the age youth begin consuming.**

Current responses to individuals who disclose or ask about consumption

Participants noted they felt confident, informed and capable of responding to reports of cannabis consumption and felt capable of pointing people towards the research. Some participants noted their organization's official position on cannabis influenced how they respond to questions about cannabis, with a few participants indicating they focus on the health implications according to their knowledge of the research evidence when their organization had not yet taken a position. Some participants commented that they need more evidence, resources, and programs (e.g. treatment options) to which they could refer people who report consuming cannabis.

A few participants noted that reports and questions regarding the consumption of cannabis were an opportunity to discuss consumption of other substances. Participants noted that when someone reports cannabis consumption to them, they respond by asking questions to learn more about how the client consumes and experiences cannabis. Several participants noted using a harm reduction approach to respond to clients' reports of consumption, which included engaging the individual in an open, non-judgmental conversation about cannabis, not evaluating if the consumption is problematic. Motivational Interviewing (MI is a client-centered counselling approach used to provoke a change in behaviour by supporting clients to understand their own

wish to change), was also noted as a means of responding to reports of cannabis consumption, and a means to assess the person's position according to the Stages of Change model and match appropriate interventions as needed. A few participants indicated they would provide literature for non-cannabinoid medical treatments.

"I ask every youth what are you using, how are you using it, what is the THC level, etc."

"I feel very informed about the complexities of how the "cannabis culture" has been created and can speak to issues of normalization via access, availability, marketing, advertising, etc. but struggle to shift beliefs and thoughts on consumption."

"[I address clients] with the best evidence available, with the caveat that there are lots that we don't know, proceeding with caution is the best approach."

Community-based Cannabis Programs and Services

Consultation participants shared existing substance use supports and services that include a cannabis component, perceived challenges related to delivering cannabis supports and services, and suggested cannabis support and service needs for their community.

Current cannabis-related supports and services

Most participants were aware of programs or services related to substance use in their community, with a few participants indicating they were aware of local programs with a specific cannabis component. Participants also indicated they were writing cannabis-related policy at the time of the consultation. The programs or services with a specific cannabis component mentioned during the consultation included:

- Weed Myths.ca website (Nova Scotia Early Psychosis Program); and
- advertisements and social media items.

Both harm reduction-based and abstinence-based programs for cannabis and other substances were mentioned by participants and were provided by the Nova Scotia Health Authority as well as other organizations. The Nova Scotia Health Authority substance-related services and supports mentioned included:

- central intake;
- outreach;
- withdrawal management (detox);
- Community Mental Health and Addictions teams;
- inpatient treatment; and
- presentations.

Other substance use-related services and supports in operation that were mentioned by participants included:

- IWK Health Centre's harm reduction programs and Adolescent Intensive Services;
- smoking cessation programs;
- community consultations, including collaborations with other stakeholders focused on pregnancy, breastfeeding and parenting;
- family physicians;
- "A Question of Influence" (Substance use curriculum package for grades 7-9)
- Employee and Family Assistance Program;
- OHSW (Occupational Health and Safety) (program that provides return to work assistance);
- Crosbie House (recovery and addiction center);
- 811 (health information and advice line);
- unions;
- North End Community Health Centre;
- Glace Bay prenatal program;
- Direction 180; and
- primary care.

Participants noted that successful community-based cannabis programs would have providers focused on the issues, optimize networking opportunities through existing infrastructure, build on the strong cross-sector relationships that already exist, parallel approaches taken to address other substances, including alcohol and tobacco, and learn from the experiences of other jurisdictions.

Challenges of current cannabis-related supports and services

Participants noted a number of challenges relating to their community's current cannabis-related programming and services. Challenges listed included:

- reactionary nature of available services;
- lack of proactive services (such as mental health services, counselling and activities for youth);
- limited/lack of resources in education system;
- limited/lack of messaging related to cannabis;
- lack of comprehensive health promotion and prevention services and initiatives;
- equitable access to services and programs;
- lack of primary care providers;
- limited mental health resources on coping mechanisms;
- culture of normalized alcohol consumption;
- lack of harm reduction programs and services for cannabis; and
- lack of awareness of the Lower-Risk Cannabis Use Guidelines.

Desired cannabis-related programs and services

Consultation participants shared their thoughts on what cannabis consumption programs and services they would like to see available in Halifax going forward. Participants suggested the need for programs and services that:

- address driving and cannabis consumption, with consideration of rural context and culture of consumption;
- are evidence-based;
- integrate cannabis-related programs across all levels of the health care system;
- apply a harm reduction lens across issues, including housing and mental health;
- support withdrawal identification, monitoring and management by the community;
- provide prescription bottle warning labels;
- connect people to harm reduction;
- enhance existing mental health and addictions services and supports
- trainings on the intersections of gender and substance use
- coordinate access for resources and build capacity among services as they are developed;
- navigate community-based treatment and information resources online;
- provide opportunity for employees (currently individuals and families can self-refer) to self-refer people who do not have a physician; and
- are funded by tax revenue from cannabis and alcohol.

Participants also indicated the need for specific training and education for providers, including:

- integrating cannabis-related programs across all levels of education;
- guiding documents to support practitioners' engaging in conversation on complex issues, including how to speak with pregnant individuals
- training for front-line staff;
- support for providing referrals to information, similar to current supports for other substances;
- generalized harm reduction information;
- workshops on how to support individuals that disclose cannabis consumption
    - " train the trainer" model for this workshop;
- information on THC levels; and
- training on community-based and workplace management of cannabis withdrawal.

The need for public education was also highlighted by participants. Specific public education programs mentioned included:

- **where to find information;**
- **parent education;**
- **driving education;**
- **education on co-consumption of alcohol and cannabis;**
- **education for people without a physician; and**
- **harm reduction that recognizes consumption of cannabis.**

Participants indicated that cannabis-specific substance use programs and services (or programs and services with a cannabis component) should be inclusive of the following:

- **a health equity framework;**
- **the social determinants of health;**
- **geographic cultural contexts;**
- **applicable to any substance, for example impaired driving;**
- **youth informed;**
- **non-judgmental;**
- **social media, in particular to engage youth;**
- **nuanced and population specific, for example people who are pregnant;**
- **informed by data collected and research; and**
- **address culture and misperceptions.**

"[We need to] integrate cannabis-related programs across all levels of healthcare across the system. Every door is the right door. All healthcare providers have the tools to either provide support or direct people where to go."

Monitoring and Surveillance of Cannabis Consumption in the Community

Consultation participants discussed and shared current sources of monitoring and surveillance data related to cannabis consumption in the community and shared the challenges related to collecting and/or accessing this data. Additionally, participants shared their desired monitoring and surveillance data needs as it relates to cannabis consumption.

Current monitoring and surveillance of cannabis consumption

Approximately half of the participants were aware of data being collected about cannabis consumption at the community level. Those who were aware of data collection processes provided examples of where or what data was collected and by whom. In addition to these programs, some participants noted they gathered information about cannabis consumption informally from colleagues. Participants were aware of data being collected through the following:

- Nova Scotia Early Psychosis Program (NSEPP);
- Employee and Family Assistance Program;
- Local police, RCMP and firefighters;
- community consultations;
- public health surveillance;
- prenatal records;
- Youth Health Centres;
- Healthy Beginnings: Enhanced Home Visiting;
- Nova Scotia Student Drug Use Survey; and
- Canadian Tobacco, Alcohol and Drugs Survey.

Participants listed a variety of information sources they currently use to find information on cannabis. Most participants listed either governmental, non-governmental organizations or print or online publications. See Table 1 for the complete list of current information sources shared by consultation participants.

Table 1.

Current Cannabis-related Information Sources Utilized by Consultation Participants

TYPE	SOURCES
GOVERNMENT	Nova Scotia Health Authority Mental Health and Addictions
	Public Health Agency of Canada (PHAC)
NON-GOVERNMENTAL ORGANIZATIONS	Canadian Centre on Substance Use and Addiction (CCSA)
	Centre for Addiction and Mental Health (CAMH)
	Canadian Public Health Association (CPHA)
	British Columbia Centre on Substance Use (BCCSU)
	Canadian Institute for Substance Use Research (CISUR)
	British Columbia Centre of Excellence for Women's Health
	World Health Organization (WHO)
	Injury Free Nova Scotia (IFNS)
	Canadian Association of Poison Control Centres
	Smart Approaches to Marijuana (SAM)
PRINT OR ONLINE PUBLICATIONS	bluelight.org
	safedance.com
	drug-forum.com
	Good To Know Colorado
	Lower-Risk Cannabis Use Guidelines
	IWK Health Centre's online position statement on cannabis
	Nova Scotia Health Authority's (in development) position statement on cannabis
	Dalhousie University library services

Challenges of current monitoring and surveillance of cannabis consumption

Consultation participants noted several challenges to accessing and using data to inform programming. These included:

- Nova Scotia Student Drug Use Survey was cancelled and previously did not include students who attend alternative and private schools, nor students who are suspended;
- lack of application of health equity lens in tobacco control efforts;
- absence, access, availability, consistency, quality, and direction of data and surveillance;
- need to build relationships to reach marginalized populations in the community;
- institutional barriers;
- privacy laws;
- organizational policies;
- lack of funding for the Canadian Research Initiative in Substance Misuse;
- costs of monitoring and surveillance; and
- lack of access to researchers, research assistants, literature, publications and journals.

Desired cannabis-related monitoring and surveillance

Consultation participants also shared their thoughts on what cannabis-related information in Halifax they would like to know going forward. This included a range of topics, such as cannabis consumption, socio-demographic and population specific information, programs and services, monitoring methods, and information on legalization. In general participants were interested in public health surveillance related to cannabis, population-level data and improved collection methods, as well as the need to create, collect and analyze data in order to use it to support programming. See Table 2 below for a summary of the desired cannabis-related related data, information and evidence needs, per category.

Table 2.

Desired Cannabis-related Data, Information and Evidence Needs

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Proportion of consumption of edibles compared to other forms of consumption
	Monitoring change in consumption patterns pre- and post-legalization
	Quantity of home cultivation
	Provincial measurements of co-use with alcohol, tobacco, and other substances and outcomes
SOCIO-DEMOGRAPHICS	Provincial monitoring through a health equity lens
	Access to data on marginalized populations
SPECIFIC POPULATIONS	Information on how to reduce youth consumption
PROGRAMS AND SERVICES	Evidence base to inform health promotion work
	Use Knowledge Translation tools to mobilize data to inform practice
MONITORING METHODS	Re-start the student drug use survey in schools
	National community health surveys
	Longitudinal studies
	Data tracking over time
	Data at the community-level
	Data collection during triage in the emergency room
	Collection of cannabis-related injury data
	Surveillance methods that capture and measure public education needs and goals
	Integrating data software programs to ask these questions
	Measures to identify consumption, for example screening questions or through a software
LEGALIZATION	Community consultations
	Cost-benefit analysis of legalization
The following categories are unique to Halifax	
OTHER	Data on attitudes or beliefs related to cannabis
	Second-hand smoke protection
	Information on how people source cannabis, for example from growing at home, from the NSLC, or through illicit means
	Data collection funded by the federal government

Building Capacity to Respond to Cannabis Legalization

Consultation participants discussed and shared what cannabis-related information, tools and supports they would like to best support an evidence-informed response to cannabis in the community. Additionally, participants shared their next steps to support a community response, continuing the conversation together.

Desired information, tools, and supports

Participants were asked, ***"What would you need to support your work in the context of legal cannabis?"*** Responses included: the need for supports in the categories of program needs; tools, resources, and training; data, information, and evidence; and information on legalization. Table 3 provides a summary of desired supports (duplicates removed) submitted by consultation participants, organized by category. Among these categories, many participants indicated the need for tools and education to support their practice, data to inform programs and services, capacity building at the community level, and shared policies.

"I feel really good about the level of sharing today – we are primed to work toward clarity in terms of roles and responsibilities – so it really is the coordination that is the gap – ready to jump in but not sure where yet."

Table 3.

Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Public health surveillance of cannabis
	Information comparing cannabis with other legal substances (i.e. alcohol)
	Understanding of early impacts on consumers post-legalization
	Identify data needs and share with health authorities
	Collaboration between poison control and healthcare sector to gather data on adverse effects
	Evidence-based resources for treatment of cancer and palliative care
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Information about edibles and safety
	Tools for police to determine length of time between consumption and driving
	Best practice recommendations for health promotion messaging
	Education for retail employees
	Evidence-based resources on cannabis
	Tools to provide support or referrals for healthcare providers
	Tools for health and social service providers to engage in complex discussions
	Increased awareness of the social determinants of health and effects of cannabis consumption
	Engagement with partners to build resources
	An organization focused on cannabis to facilitate cross sector efforts
	Coordinated effort and strategy across the province
	Portal to direct people to resources
	Harm reduction messaging for Community Mental health and Addictions clinics and frontline clinicians
	Educational materials including knowledge translation and a non-clinical health promotion lens
	Education for clinical providers on general knowledge and non-judgmental responses

	Conversation on the language used to discuss cannabis
	Resources for parents, youth, employers, consumers, diverse communities, schools, universities; health providers
	Tools for brief conversations on cannabis
PROGRAM NEEDS	Consistent messaging
	Equipped counsellors of post-secondary students with knowledge and resources to support students
	Resources for consumers at point of sale
	Build capacity amongst a variety of adults and health care providers to engage in discussions about cannabis
	Information tailored to age and population, including newcomer families, Mi'kmaq, and youth
	Funding for epidemiologists and health promotion specialists
	Connections with primary health care providers
	Preparation for potential increases in emergency room visits from consumption of edibles
	Promotion of Lower-Risk Cannabis Use Guidelines
POLICIES	Employee policies regarding consumption of cannabis, prescription medication, non-prescription substance use, and alcohol
	Sharing human resources templates
	Comprehensive, evidence-based approach to social media campaigns
INFORMATION ON LEGALIZATION	Labelling of THC levels in cannabis products
	Regulations on THC levels of products sold, including increased costs for higher THC levels
	Impact of legalization on other jurisdictions
	Direction from public health on cannabis
	Marginalized communities to be central to conversations
	Federal organization to address complex issues, including the racist history of the War on Drugs, the perpetuation of prohibition and inequality in approach to legalization, and how to address health inequities
	Consultations for providers to have the opportunity to prepare and discuss
OTHER NEEDS	Information on approaches to cannabis used in other countries, for example Australia's harm minimization approach
	Collective advocacy for a public health approach in response to industry
	Funding for research and creation of research interest group
	Information on the law enforcement approach

Community capacity building: Continuing the conversation together

Participants were asked how they could continue the conversation around cannabis together. Going forward, a number of specific community capacity needs were identified, such as the need to:

- **share cannabis-related policies;**
- **ongoing conversations;**
- **share names and job titles of participants to continue the conversation; and**
- **work together to formalize responses to the federal and provincial policies.**

CPHA next steps

Key to a public health approach to cannabis is the health and social service provider response to cannabis in communities across the country. As such, the community consultations are an integral component of CPHA's project - "*A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building*" (see Figure 1 for an overview of the project timeline). CPHA works with each consultation host site both prior to, and following the community consultation. A pre-post evaluation is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

CPHA, along with an Expert Reference Group (ERG) will review the data collected from communities across the country to inform a set of tools and resources to support health and social service provider's capacity to respond to cannabis consumption in their communities. Together, we will endeavour to normalize the conversation about cannabis, not consumption.

Figure 1.

CPHA Project Overview

A PUBLIC HEALTH APPROACH TO CANNABIS (AND OTHER SUBSTANCES): PREVENTION, HEALTH PROMOTION, SURVEILLANCE AND CAPACITY BUILDING

SPRING 2017: Community consultation pilot host sites and Expert Reference Group (ERG) recruited

SUMMER 2017
- Initial (online) meeting with ERG facilitated
- Community consultations facilitated with three pilot volunteer communities: Kingston, York, and Ottawa
- Canada-wide community consultation sites recruited

FALL 2017 - WINTER 2018
- Community consultations will be facilitated across Canada
- Community consultation reports will be generated and shared with each community

SPRING 2018
- Community consultation data/reports will be analyzed for themes and findings summarized
- Expert Reference Group will be engaged in a facilitated review of community consultation findings
- Case studies (2-4) will be created to communicate community consultations findings

SPRING - SUMMER 2018
- Capacity building learning tools and resources will be created based on the community consultation findings
- Capacity building learning tools and resources will be pilot tested with volunteer communities

SUMMER - FALL 2018
- Capacity building learning tools and resources will be refined

FALL 2018: Capacity building learning tools and resources will be shared for Canada-wide community access

Appendix

Consultation Agenda: Halifax, Nova Scotia

ACTIVITIES	TIME
ARRIVAL AND PRE-SESSION EVALUATION	9:30 AM – 10:00 AM
OPENING AND INTRODUCTIONS	10:00 AM – 10:30 AM
A PUBLIC HEALTH APPROACH TO CANNABIS (PART 1)	10:30 AM – 11:30 AM
BREAK	11:30 AM – 11:40 AM
A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2)	11:40 AM – 12:45 PM
LUNCH	12:45 AM – 1:15 PM
AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES	1:15 PM – 2:20 PM
BREAK	2:20 PM – 2:30 PM
A COMMUNITY RESPONSE TO CANNABIS	2:30 PM – 2:45 PM
NEXT STEPS AND CLOSING	2:45 PM – 3:00 PM

CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

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